Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Vermont

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

Note: CC - Chittenden County and OCC - Outside Chittenden County

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

				Maxımı	ım Payment		
Family Size	Need S	Standard	Payment Standard	Amounts			
	CC	OCC	(ratable reduction)	CC	occ		
1	803	730	54.3%	436	396		
2	988	915	54.3%	536	. 496		
3	1173	1100	54.3%	636	597		
4	1318	1245	54.3%	715	676		
5	1477	1404	54.3%	802	762		

NOTE: Income methodology for families under section 1931 of the Social Security Act is consistent with Vermont's Aid to Needy Families with Children (ANFC) state plan in effect on July 16, 1996, as modified by the state's Welfare Restructuring Project waiver, with one addition. Vermont allows an income deduction equivalent to the difference between current ANFC (previously known as Aid to Families with Dependent Children, nationally) payment levels and the July 16, 1996, ANFC payment levels.

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act: effective 4/1/00

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

[] 133 percent [X] 185 percent (no more than 185 percent) (specify)

Family Size	Income Level
1	\$ 1288
2	\$ 1735
3	\$ 2182
4	\$ 2629
5	\$ 3076

TN No. 00-05 Supersedes TN No. 99-3

Approval Date 7/26/00

Effective Date 4/1/00

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	VERMONT	

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

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TN No. 92-10Supersedes

Approval Date 9/4/92Effective Date 4/1/92TN No. 92-10

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Vermont

INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
 - 1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

Family Size	Income Leve
1	\$ 1288
2	\$ _1735_
3	\$ <u>2182</u>
4	\$ 2629
5	\$ 3076

NOTE: Please note we are mandated to be at 185 percent under 1902(a)(10)(A)(i)(IV) of the Act.

TN No. 00-05			
Supersedes	Approval Date 7/26/00	Effective Date	4/1/00
TN No. 99-3	-//	HCFA ID: 7985E	

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Vermont	

INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
 - 2. Children Born After September 30, 1983

(BPD)

The levels for determining income eligibility for groups of children who are born after September 30, 1983, and who have attained 6 years of age but have not attained age 19 under the provisions of section 1902(1)(2) of the Act as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line

Family Size	Income Level
1	\$ <u>696</u>
2	\$ 938
3	\$ 1180
4	\$ 1421
5	\$ 1663
6	\$ 1905
7	\$ 2146
8	\$ 2388
9	\$ 2630
10	\$ 2871

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4/1/00

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	VERMONT		
	INCOME ELIGIBILITY	LEVELS (Continued)	

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Family Size	Income Level
1	\$
2	\$
_ 3	\$
4	\$
5	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

N/A - Vermont does not cover this optional coverage group.

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TN No. 92-10		Ollille	7)			_
Supersedes	Approval Date	5/1919	Effective D	Date	4/1/92	
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			_	INC	COME I	ELIGIBI	LITY 1	LEVELS	(Con	tinue	<u>1)</u>				
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1	Medica	are 1	bene		ies u	ng inco nder th									
1. 1	NON-SI	ECTI	ON 1	902(f)	STAT	ES									
	Based level		the	follow	ing p	ercent	of th	e offi	icial	Feder	al i	Incom	ne po	verty	
1	Eff.	Jan.	1,	1989:		85 perc	ent	汉'_	86	perc	ent	(no	more	than	100
I	Eff.	Jan.	1,	1990:	$\widetilde{IX'}$	90 perc	ent			perc	ent	(no	more	than	100
I	eff.	Jan.	1,	1991:	100	percent	;								
1	Eff.	Jan.	1,	1992:	100	percent	:								
b. F	overty	Leve	ls:												

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a.	Based level	iont l:	he f	ollow	ing p	percen	t of	the	offic	ial :	Fede	ral	inco	me po	verty	
	Eff.	Jan.	1, 1	989:		80 pe	rcent	_	7		per	cent	(no	more	than	100)
	Eff.	Jan.	1, 1	990:	<u>/</u> /	85 pe	rcent	_	7		per	cent	(no	more	than	100)
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TN No. 91-12 Supersedes TN No. NONE

Approval Date

HCFA ID: 7985E

Effective Date __11/1/91

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HCFA-PM-91-4 AUGUST 1991 (BPD)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

				INCOME LEVI	ELS (C	ontinuea)			
. MEI	ICALL	Y NEEDY							
<u>X</u>	Applic	able to all group	S.			l groups except the re also listed on ar			.cepte
(1)		(2)		(3)		(4)		(5)	
Family Size	pro	et income level otected for intenance for months	Colu exce spec	ount by which imn (2) eds limits ified in CFR 435.1007½	for liv rur	et income level persons ing in al areas for months	e s	Amount by whe Column (4) acceeds limits pecified in 2 CFR 435.10	
[X] ¹	Jrban o	nly							
[] U	rban &	rural							
1	\$	741	\$	0	\$	683	\$	0	
22	\$	741	\$	0	\$	683	\$	0	
3	\$	875	\$	0	\$	825	\$	0	
4	\$	991	\$	0	\$	933	\$	0	
For each dditional erson,									
ıdd:	\$		\$		\$		\$		

Note: These levels remain unchanged even though the AFDC payment levels were reduced effective 7/1/96. HCFA approved an amendment to the Welfare Restructuring Project (No. 11-W-00075/1) on May 13, 1996. This amendment permits the State to maintain the eligibility levels for its Medically Needy Program at the AFDC payment levels in effect on April 30, 1996.

TN No. <u>96-7</u>	10/1/11	
Supersedes	Approval Date 12/6/46	Effective Date 7/1/96
TN No. 95-13	7 7 7	HCFA ID: 7985E

Revision:

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	vermont
INCOME	LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹ /	Net income level for persons living in rural areas for1 _ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
[X]	Ur ban only			
[]U	rban & rural			
5	\$ 1108	\$ 0	\$ 1050	\$ 0
6	\$ 1183	\$ 0	\$ 1125	\$ 0
7	\$ 1316	\$ 0	\$ 1258	\$ 0
88	\$ 1433	\$ 0	\$ 1375	\$0
9	\$ 1533	\$ 0	\$ 1483	\$ 0
10	\$ 1641	\$ 0	\$ 1583	\$ 0
For each additional person, add:	\$ 100	s	\$ 100	\$

 $[\]underline{y}$ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

Note: These levels remain unchanged even though the AFDC payment levels were reduced effective 7/1/96. HCFA approved an amendment to the Welfare Restructuring Project (No. 11-W-00075/1) on May 13, 1996. This amendment permits the State to maintain the eligibility levels for its Medically Needy Program at the AFDC payment levels in effect on April 30, 1996.

TN No. <u>96-7</u>	Approval Date 12/6/9 (5	
Supersedes	Approval Date 1 1/1/1/25	Effective Date 7/1/96
TN No. <u>95-13</u>	100	HCFA ID: 7985E



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August 1991

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OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: VERMONT

<u>Income Levels</u> (Continued)

E. INSTITUTIONAL INCOME LEVEL

300 percent of the SSI benefit amount payable under section 1611(b)(1) of the Act to an individual in his or her own home who has no income.

TN No.: 91-12 Supersedes TN No. None Approval 4/27/

Effective Date: 11/1/91